

Travel Expense Claim**See Instructions and *Privacy
Statement on Reverse Side**Pg. 1 of 1

STD. 262 (Rev. 7/2005)

Claimants Name Chris Murphy			SSN or Employee Number *		Department Office of Traffic Safety	
Position		CB/ID #		Division or Bureau		Index Number
Residence Address			Headquarters Address 2208 Kausen Dr. Ste 300			Telephone Number 916 509-3030
City Elk Grove		State CA	Zip Code 95758	City Elk Grove		State CA
				Zip Code 95758		

(1) Month/Yr Sep 2009		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) Lodging	(5) Meals			(6) Incide ntals	(7) Transportation				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) Date	Time			Break - fast	Lunch	O.T., L/T, N/C, Relo. Or Dinner		(A) Cost of Trans.	(B) Type Used	(C) carfare, tolls, parking	(D) Private Car Use		
											Miles	Amount	
9/10	5:00- 18:30	Elk Grove to Calexico		6.00		18.00			A	9.00	50	27.50	\$60.50
9/15		Elk Grove to Rocklin									76	41.80	\$41.80
9/22		Elk Grove to Grass Valley									149	81.95	\$81.95
9/23	5:00- 18:30	Elk Grove to Friant/Bakersfield	94.15			18.00					319	175.45	\$287.60
9/24		Bakersfield to Elk Grove		6.00			6.00				279	153.45	\$165.45
9/29		Elk Grove to Sacramento									28	15.40	\$15.40
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00
												0.00	\$0.00

(10) SUBTOTALS

94.15	12.00	0.00	36.00	6.00	0.00	9.00	901	495.55	0.00	
CLAIM TOTAL										\$652.70

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 9/10- travel to Calexico to make presentation to Imperial Cnty DUI AVOID 9/15- meeting with MADD regional and Statewide reps 9/22- made presentation to Nevada County law enforcement for the DUI AVOID Program 9/23- made presentation to Fresno, Madera, Merced, Tulare and Kings county law enforcement DUI AVOID 9/24- presentation to Kern County law enforcement for DUI AVOID Program 9/29- BTH Trans. Dirs meeting at CHP	(12) NORMAL WORK HOURS 08:00 - 17:00
	(13) PRIVATE VEHICLE LICENSE
	(14) MILEAGE RATE CLAIMED \$0.550
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	

(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)			DATE